	PATENT	N FEE D	RD	9/6/12/19/3										
CLAIMS AS FILED - PART I (Column 1) (Column 2)											ENTITY	OR	OTHER	R THAN ENTITY
FOR			NUMBER FILED			NUMBER EXTRA			RATE	Ε	FEE]	RATE	FEE
BASIC FEE				***		de					345.00	OR		690.00
TOTAL CLAIMS			10	minus	20=	•			X\$ 9			OR	X\$18=	
_	EPENDENT C			minus	3=			Ī	X39=			OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT								Ī	+130=			OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL			OR	TOTAL	1 90	
CLAIMS AS AMENDED - PART II													OTHER	THAN
	1/13/05					Column 2) HIGHEST	SMAL		L E	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		REM.	AINING TER IDMENT		PI		PRESENT/ EXTRA	RA			ADDI- TIONAL FEE		RATE	ADDI TIONAL FEE
	Total	1.	2	Minus		<i>2</i> 0	= /		X\$ 9=	:		OR	X\$18=/	ľ l
AME	Independent	• 🛇	N OF MI	Minus		S S S S S S S S S S S S S S S S S S S	= /	X39=				OR	X7/8=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=			OR	+260=	
								L	TOT			OR	TOTAL ADDIT. FEE	
			ımn 1)			Column 2)	(Column 3)	A	JUII. F	2E L	. •		AUUII. FEE	
AMENDMENT B		REM. AF	AIMS AINING TER DMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	<u> -</u>		Minus	••		=		X\$ 9=			OR	X\$18=	·
	Independent FIRST PRESE	•	N OF M	Minus	***		=	ľ	X39=	1		OR	X78=	
	TINOTPRESE	INTATIO	N OP MC	CHPLE DE	END	ENT CLAIM			+130= TOTA			OR	+260=	
												OR ,	TOTAL ADDIT. FEE	
_	S ast Control of		mn 1)	right Street		olumn 2) IIGHEST	(Column 3)					_		
AMENDMENT C		REMA AF	INING TER DMENT		PR	NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus	**		=		X\$ 9=	1		OR	X\$18=	
	Independent			Minus	•••		=		X39=	\dagger		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											~~ ŀ		
• 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."											OR (+260= TOTAL	
****	f the "Highest Num The "Highest Num	mber Pre	viously Pa	id For IN THE	S SPA	CF is less that	n 3 enter "3 "		DIT. FE I in the a			P	DDIT. FEE	
	BYO 275		·											

FORM PTO-875 (Rev. 12/99)

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